

Practitioner's Docket No. U 015108-9

PATENT



Optional Customer No. Bar Code



00140

PATENT TRADEMARK OFFICE

**COMBINED DECLARATION AND POWER OF ATTORNEY  
(PLANT PATENT APPLICATION)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed and for which a patent is sought of the new and distinct variety of

HIGH ARTEMISININ YIELDING PLANT GENOTYPE 'CIM-AROGYA'

The specification of which:

- (a) ☐ is attached hereto.  
(b) ☒ was filed on March 26, 2004, as Application No. 10,811,244 and was amended on \_\_\_\_\_  
(if applicable).

**AVERMENT UNDER 37 C.F.R. SECTION 1.162**

I have asexually reproduced the new and distinct variety.

☐ The new and distinct variety was found in a cultivated area.

NOTE: This item must be checked where the plant is a newly found plant. 37 C.F.R. section 1.162.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the examination of this application namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent.

☐ In compliance with this duty, there is attached an information disclosure statement in accordance with 37 C.F.R. section 1.98.

## PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

*(complete (c) or (d))*

- (c) ☒ No such applications have been filed.  
(d) ☐ Such applications have been filed as follows:

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### Earliest Foreign Application(s), if any, Filed Within 12 Months Prior to Said Application

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Country	Application No.	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority Claimed
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### All Foreign Application(s), if any, Filed More Than 12 Months Prior to Said Application

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## CONTINUATION-IN-PART

*(complete this part only if this is a continuation-in-part application)*

I hereby claim the benefit under Title 35, United States Code, section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112, I acknowledge the duty to disclose material information, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

0 / \_\_\_\_\_  
Application No. Filing Date Status (patented, pending abandoned)

0 / \_\_\_\_\_  
Application No. Filing Date Status (patented, pending abandoned)

## POWER OF ATTORNEY

As a named inventor, I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

*(list name and registration number)*

JOSEPH H. HANDELMAN, 26179  
JOHN RICHARDS, 31053  
RICHARD J. STREIT, 25765  
PETER D. GALLOWAY, 27885  
RICHARD P. BERG, 28145

JULIAN H. COHEN, 20302  
WILLIAM R. EVANS 25858  
JANET I. CORD, 33778  
CLIFFORD J. MASS, 30086

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

### Optional Customer No. Bar Code



00140

PATENT TRADEMARK OFFICE

*(check the following item, if applicable)*

☐ Attached as part of this declaration and power of attorney is the authorization of the above-named practitioner(s) to accept and follow instructions from my representatives.

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Send Correspondence To Direct Telephone Calls To:  
*(name and telephone number)*

Ladas & Parry  
26 West 61st Street  
New York, N.Y. 10023

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## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Full name of sole or first inventor**

Suman \_\_\_\_\_ Preet Singh \_\_\_\_\_ KHANUJA \_\_\_\_\_  
(Given Name) (Middle Initial or Name) Family (Or Last Name)  
Inventor's signature (X) Suman Preet Singh Khanuja  
Date (X) 24 May 2004 Country of Citizenship India  
Residence Lucknow, Uttar Pradesh, India  
Post Office Address Central Institute of Medicinal and Aromatic Plants  
P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

**Full name of second joint inventor, if any**

Shilpi \_\_\_\_\_ PAUL \_\_\_\_\_  
(Given Name) (Middle Initial or Name) Family (Or Last Name)  
Inventor's signature (X) Shilpi Paul  
Date (X) 24 May 2004 Country of Citizenship India  
Residence Lucknow, Uttar Pradesh, India  
Post Office Address Central Institute of Medicinal and Aromatic Plants  
P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

**Full name of third joint inventor, if any**

Ajit \_\_\_\_\_ Kumar \_\_\_\_\_ SHASANY \_\_\_\_\_  
(Given Name) (Middle Initial or Name) Family (Or Last Name)  
Inventor's signature (X) Ajit Kumar Shasany  
Date (X) 24 May 2004 Country of Citizenship India  
Residence Lucknow, Uttar Pradesh, India  
Post Office Address Central Institute of Medicinal and Aromatic Plants  
P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

**Full name of fourth joint inventor, if any**

Anil \_\_\_\_\_ Kumar \_\_\_\_\_ GUPTA \_\_\_\_\_  
(Given Name) (Middle Initial or Name) Family (Or Last Name)  
Inventor's signature (X) Anil Kumar Gupta  
Date (X) 24 May 2004 Country of Citizenship India  
Residence Lucknow, Uttar Pradesh, India  
Post Office Address Central Institute of Medicinal and Aromatic Plants  
P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

*(check proper box(e) for any added page(s) forming a part of  
this declaration)*

- ☒ **Signature** for fourth and subsequent joint inventors. Number of pages added   4  .
- ☐ **Signature** by administrator(trig), executor(trig) or legal representative for deceased or incapacitated inventor. *Number of pages added* \_\_\_\_\_.
- ☐ **Signature** for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. section 1.47. *Number of pages added* \_\_\_\_\_.
- ☐ Authorization of practitioner(s) to accept and follow instructions from representative.

*(If no further pages form a part of this Declaration,  
then end this Declaration, with this page and check the following item)*

- ☐ This declaration ends with this page.



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**ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR SIGNATURE BY FOURTH AND SUBSEQUENT INVENTORS**

Full name of fifth joint inventor, if any

Mahendra Pandurang DAROKAR  
(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature (X) Mahendra Pandurang Darokar

Date (X) 24 May 2004 Country of Citizenship India

Residence Lucknow, Uttar Pradesh, India

Post Office Address Central Institute of Medicinal and Aromatic Plants

P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

Full name of sixth joint inventor, if any

Madan Mohan GUPTA  
(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature (X) Madan Mohan Gupta

Date (X) 24 May 2004 Country of Citizenship India

Residence Lucknow, Uttar Pradesh, India

Post Office Address Central Institute of Medicinal and Aromatic Plants

P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

Full name of seventh joint inventor, if any

Ram Kishor VERMA  
(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature (X) Ram Kishor Verma

Date (X) 24 May 2004 Country of Citizenship India

Residence Lucknow, Uttar Pradesh, India

Post Office Address Central Institute of Medicinal and Aromatic Plants

P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

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**ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR SIGNATURE BY FOURTH AND SUBSEQUENT INVENTORS**

Full name of eighth joint inventor, if any

Govind  RAM  
(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature (X) Govind Ram

Date (X) 24 May 2004 Country of Citizenship India

Residence Lucknow, Uttar Pradesh, India

Post Office Address Central Institute of Medicinal and Aromatic Plants

P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

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Full name of ninth joint inventor, if any

Anuraddha  KUMAR  
(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature (X) Anuraddha Kumar

Date (X) 24 May 2004 Country of Citizenship India

Residence Lucknow, Uttar Pradesh, India

Post Office Address Central Institute of Medicinal and Aromatic Plants

P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

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Full name of tenth joint inventor, if any

Raj Kishori LAL  
(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature (X) Raj Kishori Lal

Date (X) 24 May 2004 Country of Citizenship India

Residence Lucknow, Uttar Pradesh, India

Post Office Address Central Institute of Medicinal and Aromatic Plants

P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

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**ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR SIGNATURE BY FOURTH AND SUBSEQUENT INVENTORS**

Full name of eleventh joint inventor, if any

Ravi Prakash BANSAL  
(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature (X) Ravi Prakash Bansal

Date (X) 24 May 2004 Country of Citizenship India

Residence Lucknow, Uttar Pradesh, India

Post Office Address Central Institute of Medicinal and Aromatic Plants

P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

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Full name of twelfth joint inventor, if any

Anil Kumar SINGH  
(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature (X) Anil Kumar Singh

Date (X) 24 May 2004 Country of Citizenship India

Residence Lucknow, Uttar Pradesh, India

Post Office Address Central Institute of Medicinal and Aromatic Plants

P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

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Full name of thirteenth joint inventor, if any

Rajendra Singh BHAKUNI  
(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature (X) Rajendra Singh Bhakuni

Date (X) 24 May 2004 Country of Citizenship India

Residence Lucknow, Uttar Pradesh, India

Post Office Address Central Institute of Medicinal and Aromatic Plants

P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

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**ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR SIGNATURE BY FOURTH AND SUBSEQUENT INVENTORS**

Full name of fourteenth joint inventor, if any

Sudeep  TANDON  
(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature (X) Sudeep Tandon

Date (X) 24 May 2004 Country of Citizenship India

Residence Lucknow, Uttar Pradesh, India

Post Office Address Central Institute of Medicinal and Aromatic Plants

P.O. CIMAP, Lucknow 226 015 Uttar Pradesh, India

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Full name of fourteenth joint inventor, if any

(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature

Date  Country of Citizenship

Residence

Post Office Address

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Full name of fifteenth joint inventor, if any

(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature

Date  Country of Citizenship

Residence

Post Office Address

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